

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Marshall Adame for Congress Committee

ADDRESS (number and street)

1250 WESTERN BLVD.

STE L2, #112

Check if different  
than previously  
reported. (ACC)

JACKSONVILLE

NC

28546

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00552943

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NC

03

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y

01 / 01 / 2014

through

M M / D D / Y Y Y Y

03 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer BETTY K SIMENSON

Signature of Treasurer

BETTY K SIMENSON

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04 / 10 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Marshall Adame for Congress Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3716.00	6686.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	3716.00	6686.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	3722.52	3780.93
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	3722.52	3780.93
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2905.07	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Marshall Adame for Congress Committee**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
01 / 01 / 2014

To:

M M / D D / Y Y Y Y  
03 / 31 / 2014

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**
**(a) Individuals/Persons Other Than  
Political Committees**
**(i) Itemized (use Schedule A).....**

2500.00

3500.00

**(ii) Unitemized .....**

1116.00

2321.00

**(iii) TOTAL of contributions  
from individuals .....**

3616.00

5821.00

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees  
(such as PACs) .....**

0.00

0.00

**(d) The Candidate .....**

100.00

865.00

**(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..**

3716.00

6686.00

**12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**
**(a) Made or Guaranteed by the  
Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS  
(Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4).....**

3716.00

6686.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 8

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3722.52	3780.93
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	3722.52	3780.93

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2911.59
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3716.00
25. SUBTOTAL (add Line 23 and Line 24).....	6627.59
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3722.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2905.07

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 8

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Marshall Adame for Congress Committee

Full Name (Last, First, Middle Initial)

Mr. MARSHALL R ADAME

Mailing Address 711 SHADOWRIDGE

City

JACKSONVILLE

State

NC

Zip Code

28546

FEC ID number of contributing  
federal political committee.

C H8NC03043

Name of Employer  
SIGMATECHOccupation  
ANALYST

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2014

Transaction ID : SA11AI.4209

Amount of Each Receipt this Period

500.00

In-kind - VIDEO PRODUCTION COST- NEWFRAME LLC

Full Name (Last, First, Middle Initial)

Ms LISA BENSON

Mailing Address 805 ALMADIN

City

SAN ANTONIO

State

TX

Zip Code

78258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
ATTORNEY

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		17		2014

Transaction ID : SA11AI.4201

Amount of Each Receipt this Period

1000.00

PERSONAL DONATION ON LINE

Full Name (Last, First, Middle Initial)

Mrs. VERONICA PEREZ

Mailing Address 406 WINDSONG CT

City

JACKSONVILLE

State

NC

Zip Code

28540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CONVERGYSOccupation  
PROGRAM MANAGER

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2014

Transaction ID : SA11AI.4199

Amount of Each Receipt this Period

1000.00

PERSONAL ONLINE DONATION

SUBTOTAL of Receipts This Page (optional).....

2500.00

TOTAL This Period (last page this line number only).....

2500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 8

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

**Marshall Adame for Congress Committee**

Full Name (Last, First, Middle Initial)

**Mr. MARSHALL R ADAME**

Mailing Address 711 SHADOWRIDGE

City

JACKSONVILLE

State

NC

Zip Code

28546

FEC ID number of contributing  
federal political committee.

**C** H8NC03043

Name of Employer  
SIGMATECH

Occupation  
ANALYST

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

865.00

Date of Receipt

**02** / **14** / **2014**

**Transaction ID : SA11D.4178**

Amount of Each Receipt this Period

100.00

Online cash donation

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

/ /

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

/ /

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

100.00

100.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 8

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Marshall Adame for Congress Committee**

Full Name (Last, First, Middle Initial)

**A. Mr. MARSHALL R ADAME**

Mailing Address 711 SHADOWRIDGE

City	State	Zip Code
JACKSONVILLE	NC	28546

Purpose of Disbursement  
In-kind - VIDEO PRODUCTION COST- NEWFRAME LLC

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: NC District: 03

Date of Disbursement

M M / D D / Y Y Y Y
03 / 05 / 2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.4210

**B. Hilton Hotels**

Full Name (Last, First, Middle Initial)

Mailing Address 222 EAST THIRD STREET

City	State	Zip Code
CHARLOTTE	NC	28202

Purpose of Disbursement  
HOTEL FOR CANDIDATE AND C-MGR - SEC DEMS

Candidate Name

**Marshall Adame for Congress Committee**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: NC District: 03

Date of Disbursement

M M / D D / Y Y Y Y
02 / 01 / 2014

Amount of Each Disbursement this Period

340.34
--------

Transaction ID : SB17.4162

**C. MILLENNIUM HOTEL DURHAM**

Full Name (Last, First, Middle Initial)

Mailing Address 2800 CAMPUS WALK AVENUE

City	State	Zip Code
DURHAM	NC	27705

Purpose of Disbursement  
Candidate Appearance at Hotel Convention- 2 rooms

Candidate Name

**Marshall Adame for Congress Committee**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
----------------	--	--

State: NC District: 03

Date of Disbursement

M M / D D / Y Y Y Y
03 / 28 / 2014

Amount of Each Disbursement this Period

350.14
--------

Transaction ID : SB17.4227

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1190.48

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 8

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Marshall Adame for Congress Committee

Full Name (Last, First, Middle Initial)

**A. NC State Board of Elections**

Mailing Address 441 North Harrington Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		10		2014

City	State	Zip Code
Raleigh	NC	27603

Amount of Each Disbursement this Period

1740.00
---------

Purpose of Disbursement  
NC ELECTIONS FILING FEE

001

Transaction ID : SB17.4163

Candidate Name

Marshall Adame for Congress Committee

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: NC

District: 03

Full Name (Last, First, Middle Initial)

**B. OFFICE MAX**

Mailing Address 2085 NORTH MARINE BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		05		2014

City	State	Zip Code
JACKSONVILLE	NC	28546

Amount of Each Disbursement this Period

82.77
-------

Purpose of Disbursement  
Printer ink

006

Transaction ID : SB17.4214

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. SIGNS ON THE CHEAP**

Mailing Address signsonthecheap.com

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2014

City	State	Zip Code
CHATSWORTH	CA	91311

Amount of Each Disbursement this Period

430.64
--------

Purpose of Disbursement  
Yard Signs 100 eachCategory/  
Type

Transaction ID : SB17.4217

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2253.41

3443.89